

EEO COMPLAINT INPUT AT INTAKE

Name:

Social Security:

Home Address:

Work Address:

Work Phone:

Job title/Series Grade:

Employing Agency:

Status (i.e. permanent, part-time, intermittent, Schedule A, probationary, etc.):

Organization:

Responding Agency:

Name of Counselor:

Telephone No.

Date of Incident (or when became aware):

Date of Initial Contact:

Issues:

Appointment/hire

Awards

Assignment of duties

Conversion to Full Time

Disciplinary Action

Demotion

Suspension

Termination

Other

Duty Hours

Equal Pay Act Violation

Examination/Test

Time and Attendance

Training

Terms – condition of employment

Reasonable Accommodation, Other

Evaluation

Harassment

Pay (including overtime

Promotion (non selection)

Reassignment

Request Directed or denied

Reinstatement

Retirement

Specific of Issue(s):

Basis(s)

Age

Color

National Origin (specify)

Religion (specify)

Reprisal

Disability

Sex

Race (Black___White___Asian___American Indian___

Sexual Orientation

Marital Status

Union (Yes)_____ No_____

Anonymity (Yes) _____ (No) _____

Representative: (Yes___ No_____)

Name/Firm

Address

Phone No.

Receipt of Counseling Process documents from Counselor:

Initials:_____ Date:_____